

AUTHORIZATION FOR DIRECT WITHDRAWAL OF  
LOWER PAXTON TOWNSHIP UTILITY BILL CHARGES

NAME\_\_\_\_\_

BILLING ADDRESS\_\_\_\_\_

BILLING SEWER ACCOUNT NUMBER\_\_\_\_\_

PROPERTY ADDRESS (If different)\_\_\_\_\_

I/We hereby authorize Lower Paxton Township to withdraw the costs of my quarterly sewer bill from my bank account. This authorization will remain in effect until I/we provide a thirty day written notification to terminate this agreement. I/We further hereby agree to notify Lower Paxton Township in writing thirty days prior to any change in the Financial Institution or account which is to be debited. The charges for sewer will be taken out of my/our account on January 28, April 28, July 28, and October 28 of each year or the first business day thereafter. The amount(s) deducted will be on the quarterly statement you receive from Lower Paxton Township. **A voided check is attached.** I have verified my account number with my bank or bank statement and have indicated the account numbers below. I acknowledge a \$20.00 service fee will be charged to my sewer account in the event funds are not in my banking account at the time of withdraw.

Please provide the following & return the entire form to:

Lower Paxton Township  
Suite 139  
425 Prince Street  
Harrisburg, PA 17109  
717-657-5617

Bank Routing Number\_\_\_\_\_

Bank Account Number\_\_\_\_\_

Daytime Phone Number\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_DATE\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_DATE\_\_\_\_\_

Where bank account is in joint name, this authorization must be signed by all joint owners.